THIS DOCUMENT PREPARED BY:

Justin M. Gilbert
Music City Estate Law
1650 Murfreesboro Rd., Suite 208
Franklin, TN 37067

OWNERS: Tina Deanette Jones
Michael Hugh Gordon
Steven Andrew Withrow
Andrea Michelle Walls
Audrey Lauren Jones
Alisha Janette Davis
Amilia Dawn Poper

Map & Parcel No.: 75-10/87
8301 Gordon Lane
Hermitage, TN 37076

SEND TAX NOTICE TO:
Tina Deanette Jones, et al
8301 Gordon Lane
Hermitage, TN 37076

Karen Johnson Davidson County
Batch# 517961 AFFIDAVITH
11/17/2020 12:59:07 PM 4 pgs
Fees: $22.00 Taxes: $0.00
20201117-0135439

AFFIDAVIT OF HEIRSHIP – REAL PROPERTY

STATE OF TENNESSEE)
COUNTY OF Davidson)

The undersigned, [illegible], residing at 4711 Hessey Rd mt Juliet, (relationship) friend of Wanda Withrow, (deceased), being duly sworn, deposes and says:

1. I have personal knowledge of the matters stated in this affidavit.

2. On April 10, 2020, Wanda Jeanette Withrow (the "Decedent") died at Davidson County, Tennessee. Her death certificate is attached.

3. At the time of Decedent's death, she resided at **8301 Gordon Lane, Hermitage, Tennessee 37076**

4. Decedent died intestate.

5. At the time of her death, Wanda Jeanette Withrow, owned a 100% interest in the following described property:

> Being the same property conveyed to Harrell Withrow and wife, Wanda Withrow, from Wanda Withrow, formerly known as Wanda Potts Jones by quitclaim deed dated January 17, 2014 and recorded on January 21, 2014, Instrument No. 20140121-0005643, Register's Office of Davidson County, Tennessee. Having taken title as Tenants by the Entirety, upon the death of Harrell Withrow, Wanda Jeanette Withrow became the sole owner of the property in fee simple.

This property with a common address of:
8301 Gordon Court, Hermitage, TN 37076

6. The Decedent was unmarried (widowed) and survived by three natural children; Tina Deanette Jones, Michael Hugh Gordon, and Steven Andrew Withrow, and the offspring of a deceased child; Andrea Michelle Walls, Audrey Lauren Jones, Alisha Janette Davis and Amilia Dawn Poper, all of whom are adults.

7. The ownership interest owned by the deceased in the above referenced real property now vests as follows:

Tina Deanette Jones	25.00%
Michael Hugh Gordon	25.00%
Steven Andrew Withrow	25.00%
Andrea Michelle Walls	6.25%
Audrey Lauren Jones	6.25%
Alisha Janette Davis	6.25%
Amilia Dawn Poper	6.25%

Signed this 21st day of September, 2020.

_____, Affiant

Signed and sworn (or affirmed) before me on 9/21, 2020 by Kenneth Parsons.

_____
Notary Public

My Commission Expires: 6/7/2023

BRAD BERRY (Seal)
STATE OF TENNESSEE NOTARY PUBLIC
WILSON COUNTY

T.C.A. §67-4-409(a)(3)(D) exempts this instrument from tax and T.C.A. §67-4-409(a)(5) further provides the valuation oath is unnecessary, the affidavit being used to evidence transfer of title to the property to beneficiaries.

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 022795

1. Decedent's Legal Name: WANDA JEANETTE WITHROW		2. Sex: FEMALE	3. Date of Death: 04/10/2020
4. Time of Death (Approx.): 06:33 AM	5a. Age: 72	6. Date of Birth: 03/15/1948	7. Birthplace: WILLIAMSON COUNTY, TN
8a. Place of Death: INPATIENT			
8b. Facility Name: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE		8c. City or Town: HERMITAGE	8d. County of Death: DAVIDSON
9. Marital Status: WIDOWED	10. Surviving Spouse (name prior to first marriage)	11a. Decedent's Usual Occupation: WAREHOUSE	11b. Kind of Business/Industry: FAN COMPANY
12. Social Security Number: -2029	12a. Residence-State or Foreign Country: TENNESSEE	12b. County: DAVIDSON	12c. City or Town: HERMITAGE
12d. Street and Number: 8301 GORDON LANE	12e. Inside City Limits?: YES	12f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces?: NO
15. Decedent's Education: 8TH GRADE OR LESS	16. Decedent of Hispanic Origin?: NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: HARLEN FRANKLIN POTTS		19. Mother's Name Prior to First Marriage: FANNY MAE TIDWELL	
20a. Informant's Name: STEVEN WITHROW	20b. Relationship to Decedent: SON	20c. Mailing Address: 363 CAMPBELL HOLLOW, BETHPAGE, TN 37022	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: ▶ /e/ LORI GREGORY	22b. License Number: 5730	22c. Signature of Embalmer: ▶	22d. License Number:
23a. Name and Address of Funeral Home: NEPTUNE SOCIETY, 1187 OLD HICKORY BLVD STE 100, BRENTWOOD, TN 37027-4240			23b. License Number: 1246
24. Registrar's Signature: ▶ /e/ EDWARD G BISHOP III		25. Date Filed: 04/21/2020	

26. Certifier
26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier: ▶ /e/ RACHEL MARIE KINGREE	27b. License Number: 045988	27c. Date Signed: 04/14/2020
27d. Name and Address: RACHEL MARIE KINGREE 5851 FRIST BOULEVARD SUITE 309, HERMITAGE, TN 37076		

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE.

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death). Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	a. RESPIRATORY FAILURE	DAYS
	b. PNEUMONIA	DAYS
	c. CHRONIC OBSTRUCTIVE PULMONARY DISEASE	YEARS
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I: NEW ONSET SEIZURES, PULMONARY HYPERTENSION

29a. Was an Autopsy Performed?: NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?:

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death?: YES	32. If Female: NOT PREGNANT WITHIN PAST YEAR		
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?	34d. Place of Injury
	34e. Describe How Injury Occurred			34f. Location of Injury

TN-1959 (Rev. 02/07)
RDA 10112

11934269

I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 1 9 3 4 2 6 9
Date Issued: Sep-25-2020

CERTIFICATION OF VITAL RECORD

STATE OF TENNESSEE
Office of Vital Records

TENNESSEE DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH STATE FILE NUMBER 2020 018408

1. Decedent's Legal Name: HARRELL ANDREW WITHROW		2. Sex: MALE	3. Date of Death: 03/30/2020
4. Time of Death (Approx.): 04:52 PM	5a. Age: 68	6. Date of Birth: 07/06/1951	7. Birthplace: SOUTH HAVEN, MI
8a. Place of Death: INPATIENT			
8b. Facility Name: TRISTAR SUMMIT MEDICAL CENTER - HERMITAGE		8c. City or Town: HERMITAGE	8d. County of Death: DAVIDSON
9. Marital Status: MARRIED	10. Surviving Spouse (name prior to first marriage): WANDA JENNETTE POTTS	11a. Decedent's Usual Occupation: INDUST/FACTORY	11b. Kind of Business/Industry: HOME COMFORT
12. Social Security Number: -9176	13a. Residence-State or Foreign Country: TENNESSEE	13b. County: DAVIDSON	13c. City or Town: HERMITAGE
13d. Street and Number: 8301 GORDON LANE	13e. Inside City Limits? YES	13f. Zip Code: 37076	14. Was Decedent ever in US Armed Forces? NO
15. Decedent's Education: HIGH SCHOOL GRADUATE OR GED COMPLETED	16. Decedent of Hispanic Origin? NO, NOT SPANISH/HISPANIC/LATINO	17. Decedent's Race: WHITE	
18. Father's Name: CICEL COLUMBUS WITHROW		19. Mother's Name Prior to First Marriage: MAUDIE FAYE LEDBETTER	
20a. Informant's Name: WANDA JENNETTE WITHROW	20b. Relationship to Decedent: SPOUSE	20c. Mailing Address: 8301 GORDON LANE, HERMITAGE, TN 37076	
21a. Method of Disposition: CREMATION	21b. Place of Disposition: NASHVILLE CREMATION SERVICE	21c. Location: NASHVILLE, TN	
22a. Signature of Funeral Director: /e/ LORI GREGORY	22b. License Number: 5730	22c. Signature of Embalmer:	22d. License Number:
23a. Name and Address of Funeral Home: NEPTUNE SOCIETY, 1187 OLD HICKORY BLVD STE 100, BRENTWOOD, TN 37027-4240			23b. License Number: 1246
24. Registrar's Signature: /e/ EDWARD G BISHOP III		25. Date Filed: 04/01/2020	

26. Certifier

26a. ☒ PHYSICIAN – TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.
26b. ☐ MEDICAL EXAMINER – ON THE BASIS OF EXAMINATION, AND/OR INVESTIGATION, IN MY OPINION, DEATH OCCURRED AT THE DATE, TIME, AND PLACE, AND DUE TO THE CAUSE(S) AND MANNER STATED.

27a. Certifier: /e/ TOBY RAY SMITH	27b. License Number: 38068	27c. Date Signed: 03/31/2020
27d. Name and Address: TOBY RAY SMITH 5651 FRIST BLVD. SUITE 309, NASHVILLE, TN 37076		

28. Part I. ENTER THE CHAIN OF EVENTS (DISEASES, INJURIES, OR COMPLICATIONS) THAT DIRECTLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. ENTER ONLY ONE CAUSE ON A LINE

		Approximate Interval: Onset to Death
IMMEDIATE CAUSE (Final disease or condition resulting in death) Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.	a. METH SUSCEPTIBLE STAPH AUREUS BACTEREMIA	
	b. BURKHOLDERIA CEPACIA PNEUMONIA	
	c. METH SUSCEPTIBLE STAPH AUREUS PNEUMONIA	
	d.	

Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN PART I

29a. Was an Autopsy Performed? NO
29b. Were Autopsy Findings Available to Complete the Cause of Death?

30. Manner of Death: NATURAL	31. Did Tobacco Use Contribute to Death? PROBABLY	32. If Female: N/A	
33. If Transportation Injury, Specify:	34a. Date of Injury	34b. Time of Injury	34c. Injury at Work?
	34d. Place of Injury		
	34e. Describe How Injury Occurred		34f. Location of Injury

TH-1659 (Rev. 8/2017) RDA 10112

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I hereby certify the above to be a true and correct representation of the record or document on file in this department. This certified copy is valid only when printed on security paper showing the red embossed seal of the Tennessee Department of Health. Alteration or erasure voids this certification. Reproduction of this document is prohibited.

Tennessee Code Annotated 68-3-101 et seq., Vital Records Act of 1977

Edward G. Bishop III
State Registrar

Lisa Piercey, MD, MBA, FAAP
Commissioner

1 2 3 3 9 0 8 3

Date Issued: Apr-01-2020

CERTIFICATION OF VITAL RECORD

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